

**CITY OF MATTOON, ILLINOIS
FREEDOM OF INFORMATION ACT (FOIA)
REQUEST FORM**

Date: _____
Requestor's Name: _____
Company: _____
Address: _____
City, State, ZIP Code: _____
Telephone Number: (Between 8:00 a.m. - 4:30 p.m.) _____

Date Stamp Receipt

Describe specifically the public records you are requesting and the purpose for which you are requesting the records.

Request to:

☐
☐
☐

Inspect Only
Inspect & Receive Copies
Receive Copies Only

☐
☐

Inspect & Receive
Certified Copies
Receive Certified
Copies Only

Signature of Requestor

Return completed FOIA Request Form to: City of Mattoon; City Clerk's Office; 208 North 19th Street; Mattoon, IL 61938 (Attn: FOIA); or Fax to 217-258-6435. The City Clerk's Office will respond to a request for public records within 5 working days after receipt. If your request is denied, you may file an appeal at the above address.

(FOR DEPARTMENT USE ONLY)

Your request for copies of public records has been complied on: _____
(Date)

Copies made: ☐ Yes

☐ No

Number of copies: _____

Fee paid \$: _____

Your request for copies of public records has been denied on: _____
based on the following: _____
(Date)

APPEAL RIGHT

Pursuant to law you are entitled to appeal the decision denying your request for certain information. You may appeal by executing the following Notice of Appeal and returning the same to the Office of the City Clerk within five (5) working days. The City Attorney shall, upon receipt of such Notice of Appeal, review the records and determine whether the decision to deny was correct. You will be notified by the City Attorney's decision within five (5) working days of receipt of the Notice of Appeal.

NOTICE OF APPEAL

I appeal the decision of the City Clerk denying my request for information.

Date

Appellant

01/01/2010